

To: Applicants for Virginia EMS Accommodation

From: Michael D. Berg
Manager, Regulation and Policy

Attached are the Accommodation Policy and Application Form used by the Virginia Office of Emergency Medical Services (Office of EMS) you have requested. Please read and review this information carefully before filling in the application completely. Attach all supporting documentation to the application form and send in all materials in one package.

Your application will be acted on expeditiously upon its receipt. You may be requested to provide further information and/or documentation so that your application can be fairly evaluated and a determination made that is consistent with established policies and procedures.

If I can be of further assistance to you in this or any other EMS related matter, please contact me.

ATLANTIC EMS COUNCIL
ACCOMMODATION POLICY

**VIRGINIA OFFICE
OF
EMERGENCY MEDICAL SERVICES**

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This document is intended to be distributed by course coordinators to students who after a formal review of the administrative aspects of a Virginia Basic Life Support (BLS) program believe they need to pursue an accommodation.

ATLANTIC EMS COUNCIL ACCOMMODATION POLICY

I. INTRODUCTION

The Americans with Disabilities Act of 1990 has implications for coordinators and students in the areas of prospective student information, testing of knowledge and skills competency. Among the many provisions of the ADA are several that pertain specifically to agencies, institutions and organizations that provide courses or examinations leading to certification.

The intent emphasizes that individuals with disabilities are not to be excluded from jobs that they can perform merely because a disability prevents them from taking a test or negatively influences the results of a test, which is a prerequisite to the job. Passing written and skill examinations during an EMS course and passing certification examinations are prerequisites for functioning as a certified EMS provider.

This law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with a reading disability could be required to take a written examination if the ability to read is an essential function of the profession, and the examination is designed, at least in part, to measure the ability to read. An essential function of an EMS provider is the ability to read and understand small English print under highly stressful conditions for the provider and patient. A second example is one dealing with skill examinations that must be performed within established periods.

Performing a skill within a certain period can be required if speed of performance is an integral part of the skill being measured. Both the ability to read and the ability to perform basic skills within periods are essential functions of an EMS Provider.

II. SCOPE

The information provided herein applies to all prehospital EMS personnel.

III. SPECIFIC DIRECTIONS

Coordinators must review the standard functional position description and the information concerning the ADA, with every prospective student. Prospective students need to understand the competencies and tasks that are required within the profession BEFORE entering a training program.

Students cannot be discriminated against on the basis of a disability in the offering of programs or services.

There will be NO allowed accommodations during the course of instruction or certification examinations unless written approval is received from the certification/licensure agency, in advance. Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the state written and practical certification examination. The certification agency will establish eligibility for an accommodation on a case-by-case basis. Documentation confirming and describing the disability must be submitted according to policy, for consideration.

Here are five examples of accommodations that would NOT be allowed during the instructional program:

1. Additional time for skills with specific time frame will NOT be allowed. Obviously, patients would suffer due to life threatening conditions in emergency situations.
2. No accommodation will be made in a training program that is not reasonably available in a prehospital environment. Students may use performance aids which could be readily available and easily accessible to the in the prehospital setting. It is the responsibility of the student to provide any

personal aids they deem necessary and the certifying agency deems appropriate.

3. Unlimited time to complete a written examination is NOT allowed. Such a request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
4. Written examinations are NOT to be administered with an oral reader. The ability to read and understand small English print (12 point) is an essential function of the profession, and written examinations are designed, at least in part, to measure that ability.
5. A written examination with a reading level that is lower than the reading level required by the profession to function safely and efficiently should be administered.

IV. DOCUMENTED LEARNING DISABILITY

Test takers who have presented a documented learning disability relating to reading decoding or reading comprehension may be granted a standard extension. A standard extension allowed for completing a written examination is time-and-a-half. Thus if the examination is normally administered in two hours, an extra hour could be allowed to complete the examination. This accommodation could be allowed because the individual would be able to perform the essential functions of the position description. The critical nature of reading in emergency situations requires reading finite amounts of material in measured amounts of time, as it is required for taking an examination. In addition, the reading level of an exam is not impacted by the time requirement of the exam.

The certification/licensure agency will review only written requests for accommodations on the state written certification examination on a case-by-case basis. Requests must be submitted on the "Accommodation Request" form. The state

certification/licensure agency will provide written notification upon review of the request for accommodation.

V. DISABILITY ACCOMMODATION POLICY

A. Requesting Accommodations

“Accommodation Request” forms are available from the Office of Emergency Medical Services. The candidate who is requesting an accommodation must complete the request form at the start of the instructional program or as soon as the need for an accommodation is recognized.

Documentation of a specific disability, which would impact your performance on the written examination, must include a signed statement on letterhead stationery from a professional who is familiar with your disability. This statement must confirm and describe the disability for which the accommodation is required. The professional must have expertise in the specific disability for which the accommodation is being requested.

Applicants with disabilities are entitled to, and have the responsibility to meet the same deadlines for application and submission of documentation established for pre-registration as non-disabled individuals. The process involved in establishing eligibility will not impose discriminatory timeliness for application on the individual with a disability.

B. Reasonable Accommodations

The certification/licensure agency will offer reasonable accommodations for the written certification exam for those persons with written documented disabilities.

Based upon an analysis of the Functional Position Description and the written examination, it has been determined that persons with learning disabilities manifested in the academic areas of reading decoding, or reading

comprehension may be eligible for additional time as an accommodation.

Documentation of a specific disability, which would negatively affect one's performance on the written examination, must include a complete "Accommodation Request" form with signature of the individual. This statement must confirm and describe the disability for which an accommodation is being requested.

Requests for accommodation on the written examination will be reviewed on a case-by-case basis. If the appropriateness of the requested accommodation is in doubt, the certifying agency will discuss options with the candidate and will consult with professionals knowledgeable about disability and functions of the profession. The recency of disability testing is not an issue in determining the need for accommodation. A permanent learning disability is a permanent disability.

VI. DEFINITION

The word "written" was purposefully included to ensure that certified individuals could read. The written portion of the EMS certification examination is designed, in part to measure an applicant's ability to read and understand English. Being able to read is a skill that is justified as integral to the performance of the job.

VII. RECORD KEEPING

Diagnostic information related to an individual's disability is highly confidential and will not be disclosed to third parties. The accommodation file will be maintained separately from the application and test result files.

**Virginia Department of Health
Office of Emergency Medical Services**

Accommodation Request

Complete and submit this form (including requested attachments) to the state EMS office if you have a documented disability that will negatively affect your performance on the state written or practical certification/ licensure examination. The state EMS office offers reasonable and appropriate accommodations for written and/or practical certification examinations for individuals with documented disabilities.

ATTACH a statement on letterhead stationery from a professional who is familiar with your disability (the professional must have expertise in the specific disability for which the accommodation is being requested). A professional must sign this statement, confirm, and describe the disability for which the accommodation is required. THIS INFORMATION WILL NOT BE FILED WITH YOUR APPLICATION OR TEST RESULTS AND WILL BE CONFIDENTIAL.

I have reviewed the essential job elements and functions for the level of training I am seeking and request the following accommodation due to my disability-related needs:

Please Print or Type

Name of Applicant:

(Last

First

Middle)

Address of Applicant:

Telephone Number:

(Signature of individual completing this form)

(Date)

(Printed name of individual completing this form)